

**United States Court of Appeals  
for the District of Columbia Circuit**

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**No. 25-5097** (Consolidated with 25-5098)

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GLOBAL HEALTH COUNCIL; SMALL BUSINESS ASSOCIATION FOR  
INTERNATIONAL COMPANIES; HIAS; MANAGEMENT SCIENCES FOR  
HEALTH, INC.; CHEMONICS INTERNATIONAL, INC.; DAI GLOBAL LLC;  
DEMOCRACY INTERNATIONAL, INC.; AMERICAN BAR ASSOCIATION,  
*Plaintiffs-Appellees,*

*v.*

DONALD J. TRUMP, in his official capacity as President of the  
United States of America;

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*(For Continuation of Caption See Inside Cover)*

*On Appeal from the United States Court for the District of Columbia  
in Case No. 1:25-cv-00402-AHA.*

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**AMICUS CURIAE BRIEF IN SUPPORT OF PLAINTIFFS-  
APPELLEES' MOTION FOR EMERGENCY STAY ON  
PETITION FOR REHEARING *EN BANC***

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August 20, 2025

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*Defendants-Appellants.*

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## STATEMENT REGARDING CONSENT TO FILE AND SEPARATE BRIEFING<sup>1</sup>

Pursuant to D.C. Circuit Rule 29(d), undersigned counsel for *amici curiae* certifies that a separate brief is necessary. Counsel has conferred with counsel for appellee and confirms that the content of this brief does not overlap with the brief for appellees or with other *amici* whose submissions address the history of impoundments, the Impoundment Control Act, constitutional law, or state interests.

*Amici* are individuals and an organization who can attest to the irreparable harms caused by the sudden and continued withholding of U.S. foreign assistance. *Amici* thus offer the Court perspectives otherwise absent: the voices of those who deliver care, advance lifesaving research, and bear the human cost of the U.S. government's decisions at issue. The survival and well-being of those they serve hinge on this Court's decision.

*Amici* therefore present distinct expertise and firsthand experience not yet before the Court, and which bear directly on the legal issues at stake.

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<sup>1</sup> No counsel for a party authored this brief in whole or in part, and no person other than *amici curiae* or its counsel made a monetary contribution to its preparation or submission.

## **CORPORATE DISCLOSURE STATEMENT**

Pursuant to Rule 26.1 of the Federal Rules of Appellate Procedure, *amici curiae* states that no party to this brief is a publicly held corporation, issues stock, or has a parent corporation.

## **CERTIFICATE AS TO PARTIES, RULINGS, AND RELATED CASES**

### **I. Parties and *Amici***

Except for *amici* and any other *amici* who had not yet entered an appearance in this case as of the filing of Appellees' brief, all parties, intervenors, and *amici* appearing in this Court are listed in Appellees' brief.

### **II. Rulings Under Review**

References to the ruling at issue in this case appear in Appellees' brief.

### **III. Related Cases**

Related cases are listed in Appellees' brief.

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## INTEREST OF AMICI CURIAE

*Amici* have seen firsthand the consequences when lifesaving aid is withheld. Their vantage points illustrate, in real terms, what it means when appropriated funds are withheld. *Amici* thus offer the Court perspectives otherwise absent: the voices of those who deliver care, advance lifesaving research, and shoulder the human cost of the U.S. government's decisions at issue.

**Physicians for Human Rights (“PHR”)**, a co-laurate of the Nobel Peace Prize, is an international non-profit organization working at the intersection of science, medicine, public health, and the law to advocate for human rights and promote accountability and justice. PHR has offices in Kenya, the Democratic Republic of the Congo (DRC), Iraq, and the U.S. and currently operates in Ethiopia, Syria, and Ukraine. In 2025, PHR conducted research on the impact of the U.S. global health funding cuts on public health and human rights in Kenya, DRC, Ethiopia, Uganda, and Tanzania.

**Dr. Dvora Joseph Davey**, an infectious disease epidemiologist specializing in maternal/newborn health, is Associate Professor in the Department of Epidemiology and Division of Infectious Diseases at UCLA, and Honorary Associate Professor of Epidemiology at the University of Cape Town. Since 2003, she has led HIV-research in Southern Africa, including NIH-funded studies evaluating HIV prevention and sexually transmitted infection interventions in

pregnant and lactating populations.

**Dr. Salim S. Abdool Karim**, FRS, is a South African clinical infectious diseases epidemiologist renowned for contributions to HIV prevention and treatment. He is director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, and CAPRISA Professor of Global Health at Columbia University. Dr. Abdool Karim holds appointments at Harvard, Cornell, and the University of KwaZulu-Natal. He serves on editorial boards, including *The New England Journal of Medicine*, *Lancet Global Health*, and *Lancet HIV*, and advises WHO committees on HIV and tuberculosis.

**Mary “Doe”<sup>1</sup>** is a mother and caretaker to eight children in Nairobi, Kenya. She previously relied on programs funded by USAID to conduct HIV outreach work, including by providing support to orphans with HIV. Mary’s 15-year-old daughter is HIV-positive. As a result of the sudden withholding of aid, it has become increasingly difficult to obtain the antiretroviral treatments (“ARVs”) needed to treat her daughter’s HIV infection. ARVs are lifesaving medications necessary to stop the virus’s deadly progression to AIDS. Many classmates of Mary’s daughter also carry the virus, and they similarly fear that their medicine will run out.

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<sup>1</sup> Mary is identified by her first name only to protect her children’s privacy.

*Amici* have a vital interest in ensuring that equitable-relief standards account for the irretrievable loss of life and cascading public-health harms that follow when Congress's appropriations are ignored. The very lives and well-being of those whom *amici* care for and serve hinge on this Court's decision.

## SUMMARY OF ARGUMENT

The real-world harms at issue are immediate and irreversible: lives lost, children harmed, and heightened threats to Americans' health and fiscal interests, including from the spread of infectious diseases. Extraordinary relief is needed to prevent irreversible losses. These realities demand a proper balancing of the equities, which overwhelmingly favor an injunction.

## ARGUMENT

### **I. The Balance of Equities and Public Interest Require Full Consideration.**

An application for injunctive relief requires courts to weigh the equities and the public interest. The court's role "is not to conclusively determine the rights of the parties, but to balance the equities as the litigation moves forward." *Trump v. Int'l Refugee Assistance Project*, 582 U.S. 571, 579 (2017).

The panel stopped short of that inquiry. Instead, it expressed uncertainty about "how to balance a public interest asserted on behalf of the Congress" against that "asserted by the Executive," and on that basis concluded the merged factor did

not *strongly favor* an injunction. Maj. Op. 33. That cursory assessment, however, failed to adequately balance the equitable interests at stake in this case, which plainly weigh in favor of an injunction.

For decades, Congress has determined that appropriation of funds to lifesaving aid programs serve the public interest—including the U.S.’s own national interests. Indeed, Congress expressly declared that those appropriations play a “central role” in “protecting the United States.”<sup>2</sup> This bipartisan determination as to the public interest has been implemented across twelve presidencies over USAID’s 63-year history. While the Executive may claim institutional interests, Appellants’ Br. at 60-62, the equities here are defined by human survival.

People who die cannot be revived; children born HIV-positive cannot be uninfected. The very purpose of equitable interim relief is to preserve the status quo in order to “minimize—not maximize—harm” while the merits are resolved. *Noem v. Doe*, 145 S. Ct. 1524, 1525 (2025) (Jackson, J., dissenting). That is precisely why an injunction is essential here: to prevent irreversible harm, preserve life-saving care, and ensure the Court’s eventual judgment does not become an empty formality.

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<sup>2</sup> S. Rep. No. 118-200, at 33 (2024).

## II. The Balance of Equities Overwhelmingly Favors an Injunction.

### A. The sudden withdrawal of funding threatens catastrophic harm.

Despite accounting for less than 1% of the federal budget, USAID has been among the most effective life-saving institutions in modern history. Between 2001 and 2021 alone, its programs prevented more than 91 million deaths worldwide, including over 30 million children under five.<sup>3</sup>

Worldwide, because of U.S. global health aid, mortality from HIV/AIDS fell by 65%, malaria and neglected tropical diseases fell roughly 50%, with sharp declines also in maternal/perinatal deaths, tuberculosis and other serious conditions.<sup>4</sup>

USAID helped eradicate wild poliovirus in Africa,<sup>5</sup> once paralyzing 75,000 children annually;<sup>6</sup> delivered nearly 140 million treatments for two of the deadliest

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<sup>3</sup> See Daniella Medeiros Cavalcanti et al., *Evaluating the Impact of Two Decades of USAID Interventions and Projecting the Effects of Defunding on Mortality up to 2030: A Retrospective Impact Evaluation and Forecasting Analysis*, 406 *Lancet* 283, 284 (2025), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01186-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01186-9/fulltext).

<sup>4</sup> *Id.* at 289-90.

<sup>5</sup> USAID, *Key Accomplishments (2017–2020)*, <https://web.archive.org/web/20250114151823/https://2017-2020.usaid.gov/reports-and-data/key-accomplishments> (archived Jan. 14, 2025).

<sup>6</sup> WHO, *Africa Eradicates Wild Poliovirus* (Aug. 25, 2020), [afro.who.int/news/africa-eradicates-wild-poliovirus](https://afro.who.int/news/africa-eradicates-wild-poliovirus).

childhood illnesses;<sup>7</sup> and supplied half of the world's therapeutic food to starving children.<sup>8</sup>

Over a decade, USAID delivered 327 million malaria-prevention treatments to women and children,<sup>9</sup> and postnatal care to 55 million newborns during their most vulnerable hours.<sup>10</sup> In 2023 alone, it helped resuscitate 238,000 babies not breathing at birth.<sup>11</sup>

This progress is now unraveling. The freeze will inflict harm “similar in scale to a global pandemic or a major armed conflict,”<sup>12</sup> with projections of 14 million avoidable deaths in the next five years, including 4 million children under five.<sup>13</sup> These numbers are not abstractions. In Tigray, Ethiopia, health workers reported to *amicus* PHR that in one camp alone, eight internally displaced people, including a

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<sup>7</sup> USAID, *Progress and Results: Maternal and Child Health and Nutrition Program* (Sept. 2024) [hereinafter, USAID, *Progress and Results*], <https://perma.cc/XSH9-KFUJ>.

<sup>8</sup> See, e.g., Taiwo Adebayo, *Children Die as USAID Aid Cuts Snap a Lifeline for the World's Most Malnourished*, Associated Press (May 16, 2025), <https://apnews.com/article/4447e210c4b5543b8ebb9a6b9e01aa53>.

<sup>9</sup> USAID, *A Decade of Saving Lives Presenting Child and Maternal Deaths* (Mar. 2023), <https://perma.cc/ML2T-YCWE>.

<sup>10</sup> See USAID, *Progress and Results*, *supra* note 7.

<sup>11</sup> *Id.*

<sup>12</sup> Cavalcanti et al., *supra* note 3, at 284.

<sup>13</sup> *Id.* at 290.

pregnant woman, died when USAID-supported care was cut off.<sup>14</sup> In DRC, clinicians have reported severe maternal cases, including uterine ruptures and deaths from unattended home births following the loss of USAID-supported services.<sup>15</sup>

Former USAID leaders warn that continued withholding of already committed funds will mean “increased death and disability” and “accelerated global disease spread,” with hundreds of thousands to millions more cases of polio, malaria, multidrug-resistant tuberculosis, and other infections each year.<sup>16</sup> Annually, 17 million pregnant women and 11 million newborns will lose essential care, and 15 million children will go untreated for pneumonia and diarrhea—leading killers of children under five.<sup>17</sup> Each year, 1 million children with “severe wasting”—painful, life-threatening malnutrition—will be left to starve without

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<sup>14</sup> PHR, *Shuttered Clinics, Preventable Deaths: The Impact of U.S. Global Health Funding Cuts in Ethiopia* 6 (June 12, 2025), <https://phr.org/our-work/resources/shuttered-clinics-preventable-deaths-the-impact-of-u-s-global-health-funding-cuts-in-ethiopia/>.

<sup>15</sup> PHR, *Abandoned in Crisis: The Impact of U.S. Global Health Funding Cuts in the Democratic Republic of the Congo* 4-5 (July 2025) [hereinafter PHR, *Abandoned in Crisis*], <https://phr.org/wp-content/uploads/2025/07/PHR-Research-Brief-Aid-Cuts-DRC-2025.pdf>.

<sup>16</sup> Memorandum from Nicholas Enrich Acting Assistant Administrator for Global Health, 1-3 (Mar. 4, 2025) [hereinafter Enrich Memo], available at <https://www.nytimes.com/interactive/2025/03/03/health/usaaid-memo.html>.

<sup>17</sup> *See id* at 14.



therapeutic food.<sup>18</sup>

Maternal-health programs reaching 93 million women and children have been cut by 92 percent; water and sanitation initiatives slashed by 86 percent; and vaccine programs halted—threatening 500,000 preventable deaths annually.<sup>19</sup> The freeze has derailed USAID-funded HIV prevention trials, abandoning participants mid-study and raising the risk of drug-resistant HIV, which experts warn will be “catastrophic” for global health.<sup>20</sup> For *amici*, these projections are daily reality.

*Amicus* Dr. Davey has led a study since 2003 on rolling out PrEP (medication taken to prevent acquiring HIV) in eight maternity clinics across Cape Town. In 2024, only three babies in the study were born with HIV; in the first five months of 2025, there were already three.

*Amicus* Dr. Abdool Karim has seen firsthand how aid cuts have reversed

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<sup>18</sup> *See id.*

<sup>19</sup> *See* Dr. Atul Gawande, Fmr. Assist. Admin. for Global Health, USAID, Testimony before Senate Roundtable on The Dangerous Consequences of Funding Cuts to U.S. Global Health Programs, 2 (Apr. 1, 2025) [hereinafter Gawande Testimony], [https://www.foreign.senate.gov/imo/media/doc/atul\\_gawande\\_testimony\\_at\\_sfrc\\_global\\_health\\_roundtable.pdf](https://www.foreign.senate.gov/imo/media/doc/atul_gawande_testimony_at_sfrc_global_health_roundtable.pdf).

<sup>20</sup> Stephanie Nolen, *Abandoned in the Middle of Clinical Trials, Because of a Trump Order*, N.Y. Times (Feb. 6, 2025), <https://www.nytimes.com/2025/02/06/health/usaids-clinical-trials-funding-trump.html>. *See also*, Chris Beyrer, *On going backwards*, 405 The Lancet 1458 (Apr. 26, 2025), [https://doi.org/10.1016/S0140-6736\(25\)00771-8](https://doi.org/10.1016/S0140-6736(25)00771-8).

gains of Mpox control across Africa. Mpox was declared a Public Health Emergency of International Concern by the WHO and a Public Health Emergency of Continental Security by the Africa CDC after cases surged in mid-2024. As Chair of the Africa CDC's Emergency Consultative Group, Dr. Abdool Karim has played a central role in the response. He witnessed the Mpox vaccination program grind to a halt overnight when USAID staff managing vaccine storage in the DRC were barred from releasing supplies locked in USAID storerooms. Several hundred new Mpox cases are now reported each week in the DRC, with a death rate just over 1%.

*Amicus* Mary Doe is struggling to obtain the lifesaving ARVs needed to treat her 15-year-old daughter's HIV. Her daughter's classmates with HIV are also fearful that their medicine will run out.

*Amicus* PHR documented that in one Ugandan clinic, five of 20 babies delivered between mid-January and mid-April were born HIV positive, a devastating reversal after years of near elimination of mother-to-child transmission.<sup>21</sup> Clinicians in DRC likewise reported all supplies for treating HIV

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<sup>21</sup> See Payal K. Shah, *U.S. Foreign Aid Cuts to Healthcare Trigger a Global Human Rights Crisis: How the World Must Respond*, Just Security, (June 18, 2025), <https://www.justsecurity.org/114839/us-foreign-aid-cuts-world-must-respond/>.

came from USAID.<sup>22</sup>

These harms are irremediable. Once a child is born HIV-positive or a malnourished infant dies, no restoration of funds can undo the loss. Each day of suspended aid compounds the toll: vaccination gaps fuel outbreaks;<sup>23</sup> treatment lapses seed drug-resistant strains;<sup>24</sup> and shuttered clinics sever lifelines for survivors of violence and displacement.<sup>25</sup>

*Amicus* PHR's study in eastern DRC documented the collapse of vaccination and other infectious disease control programs. Clinicians reported that these breakdowns are severely "impacting efforts to combat certain preventable diseases" and that epidemiological surveillance has ceased altogether.<sup>26</sup>

The irreparable harm, particularly acute by the absence of any reasonable

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<sup>22</sup> See PHR, *Abandoned in Crisis*, *supra* note 15.

<sup>23</sup> See, e.g., Adam Taylor & Emmanuel Martinez, *Trump Cuts to USAID Halt Funding for Global Vaccinations*, Wash. Post (Mar. 26, 2025), <https://www.washingtonpost.com/world/2025/03/26/usaids-cuts-gavi-vaccines-trump/>.

<sup>24</sup> See, e.g., CDC, *The Urgent Threat of TB Drug Resistance* (Mar. 2025), [https://www.cdc.gov/global-hiv-tb/media/pdfs/2025/03/2025\\_DGHT\\_DR-TB\\_Factsheet.pdf](https://www.cdc.gov/global-hiv-tb/media/pdfs/2025/03/2025_DGHT_DR-TB_Factsheet.pdf).

<sup>25</sup> See, e.g., Ilgin Yorulmaz, *U.S. Foreign Aid Cuts Hit Women Hard in the War Zones of Eastern Congo and Sudan*, PassBlue (Feb. 11, 2025), <https://www.passblue.com/2025/02/11/us-foreign-aid-cuts-hit-women-hard-in-eastern-congo-and-sudan/>.

<sup>26</sup> See PHR, *Abandoned in Crisis*, *supra* note 15.

transition from obligated funds, outweighs any purported countervailing interest. Financial loss can be remedied later; lost lives cannot. USAID's historic record shows what is possible when Congress's directives are honored. The sudden withholding shows what happens when they are not.

**B. The withholding of aid threatens U.S. public health.**

These harms do not remain abroad. Treatment gaps will inevitably fuel the spread of preventable diseases domestically. From HIV/AIDS to Ebola to COVID-19, the lesson is clear: protecting U.S. public health requires sustained action abroad.

As former and senior USAID officials warned, “infectious disease...knows no borders,” and without USAID's safety net “to keep diseases in check, illnesses will make America less safe,”<sup>27</sup> with cuts directly “endanger[ing] American lives.”<sup>28</sup> Bush's USAID Administrator Andrew Natsios cautioned: “We will rue the day that we destroyed USAID.”<sup>29</sup>

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<sup>27</sup> Amy Uccello, Personal Statement to House Foreign Affs. Comm. Shadow Hearing (Mar. 25, 2025), <https://perma.cc/KV8Y-2S7V>.

<sup>28</sup> Enrich Memo, *supra* note 16, at 4.

<sup>29</sup> Andrew S. Natsios, Fmr. USAID Administrator, Testimony Before H. Comm. on Foreign Affairs (Feb. 13, 2025), <https://docs.house.gov/meetings/FA/FA00/20250213/117889/HHRG-119-FA00-Wstate-NatsiosA-20250213.pdf>.

History confirms the danger: “reductions in funding for global health initiatives... correlate with surges in disease.”<sup>30</sup> By contrast, USAID’s surveillance was “the reason” the deadly 2014 Ebola outbreak was contained to West Africa,<sup>31</sup> with only 11 cases reaching U.S. soil, thereby averting a domestic catastrophe.<sup>32</sup>

The danger is not static. Gaps in coverage foster mutation and drug resistance.<sup>33</sup> Multidrug-resistant tuberculosis, an airborne contagion, exemplifies the threat. The CDC recently warned of a U.S. resurgence, stressing that “the time is now” to “find and cure all cases” to “create a safer America.”<sup>34</sup> Immunization disruptions are similarly perilous. USAID programs slated to reach half a billion children now stand defunded, heightening measles risk in the U.S.<sup>35</sup>

Prevention is cheaper than response. As USAID Administrators since Reagan have affirmed, with less than one percent of the federal budget, USAID delivers programs that “benefit Americans” and make “our security and

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<sup>30</sup> Enrich Memo, *supra* note 16, at 3 (“A failure to contain infectious diseases at their source heightens the risk of transmission to the United States, posing a direct threat to public health and economic stability.”).

<sup>31</sup> *Id.* at 4.

<sup>32</sup> See CDC, *Outbreak History*, (May 6, 2024) <https://www.cdc.gov/ebola/outbreaks/index.html>.

<sup>33</sup> See, e.g., CDC, *How Flu Viruses Can Change: “Drift” and “Shift”* (Sept. 17, 2024), <https://www.cdc.gov/flu/php/viruses/change.html>.

<sup>34</sup> CDC, *The Urgent Threat of TB Drug Resistance*, *supra* note 24, at 1.

<sup>35</sup> See Gawande Testimony, *supra* note 19, at 2.

economy...better for it.”<sup>36</sup> Then-Senator Marco Rubio agreed: “We don’t have to give foreign aid. We do so because it furthers our national interest.”<sup>37</sup> The alternative—reactive crisis spending—exacts exponentially higher tolls.<sup>38</sup>

“USAID has added more than 30 years to U.S. life expectancy.”<sup>39</sup> Those gains now hang in the balance, as the abrupt cessation of aid threatens to unleash new threats to the American public.

### **C. Taxpayers lose twice when funds lapse.**

Congress appropriated these funds to save lives and advance U.S. interests. Withholding them thwarts Congress’s will, wastes appropriations, and exacerbates humanitarian and security risks. The result is not fiscal prudence but fiscal loss: taxpayers pay once for dismantled programs and again for the costlier emergency responses when preventable crises erupt.

The public interest therefore lies in the government carrying out Congress’s

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<sup>36</sup> J. Brian Atwood et al., *USAID Is Foreign Policy’s Best Value*, Politico (Nov. 2, 2011), <https://www.politico.com/story/2011/11/usaids-is-foreign-policy-best-value-067453>.

<sup>37</sup> The Washington Institute, *A Conversation on the Middle East featuring Senator Marco Rubio*, YouTube, at 34:47 (Feb. 27, 2013), <https://www.youtube.com/watch?v=j0s9fF5mZds>.

<sup>38</sup> See Enrich Memo, *supra* note 16, at 7 (“response costs dwarf prevention investments.”).

<sup>39</sup> Gawande Testimony, *supra* note 19, at 2.

directives, not undermining them. As this Court has recognized, there is “no public interest in the perpetuation of unlawful agency action.” *League of Women Voters v. Newby*, 838 F.3d 1, 12 (D.C. Cir. 2016). To the contrary, both the equities and the public interest weigh heavily in favor of preserving it.

## CONCLUSION

For these reasons, *amici* respectfully urge the Court to grant rehearing *en banc* and preserve the district court’s injunction.

Respectfully submitted,

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## CERTIFICATE OF COMPLIANCE

This brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) because the brief contains 2600 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(a)(7)(B)(iii). This brief complies with the typeface and type style requirements of Fed. R. App. P. 32(a)(5) and 32(a)(6), respectively, because this brief has been prepared in a proportionately spaced typeface using Microsoft Word 2010 in Times New Roman 14-point font.

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**CERTIFICATE OF SERVICE**

I hereby certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the D.C. Circuit by using the appellate CM/ECF system on August 20, 2025.

I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

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